

# **INSPECTION REPORT**

# **Personal Touch Care Services Limited**

Home Care Service

The Studio La Chasse La Rue de la Vallee St Mary JE3 3DL

Dates of inspection 4, 6 and 21 June 2024

## THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all services carrying out any regulated activity must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 80 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 (as amended) to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity, and to encourage improvement.

# ABOUT THE SERVICE

This is a report of the inspection of Personal Touch Care Service Limited. The service offices are located in the parish of St Mary.

| Regulated Activity         | Home Care Service                                |
|----------------------------|--|
| Mandatory Conditions of    | Type of care: Personal care and personal         |
| Registration               | support.   |
|                            |  |
|                            | Category of care: Adults 60 +, physical          |
|                            | disability/sensory impairment and dementia care. |
|                            |  |
|                            | Maximum number of combined personal care         |
|                            | and personal support: 600 hours.                 |
|                            |  |
|                            | Age range of care receivers: 18 years and above. |
| Discretionary Condition of | None.  |
| Registration               |  |

| Dates of Inspection          | 4, 6 and 21 June 2024                  |
|------------------------------|--|
| Times of Inspection          | 4 June 2024 09:45 to13:15 and 13:45 to |
|                              | 16:15                                  |
|                              | 6 June 2024 09:30 to13:15              |
|                              | 21 June 08:30 to12:10                  |
| Type of Inspection           | Announced                              |
| Number of areas for          | Two                                    |
| improvement                  |  |
| Number of combined personal  | 371 hours                              |
| care and personal support /  |  |
| delivered during the week of |  |
| inspection                   |  |

The Home Care service is operated by Personal Touch Care Limited Registered Provider and there is a Registered Manager in place.

#### SUMMARY OF INSPECTION FINDINGS

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

The organisational structure provides a clear pathway for staff to raise issues or concerns and staff gave examples of how this was followed. The policy and procedures sampled were current and appropriately referenced Jersey legislation. There was a system to review the quality of the care delivered. Improvements are required to ensure safe recruitment.

The regulation officers observed the team responding to a potential risk to a care receiver. The prompt response demonstrated the staff's detailed knowledge of the care receiver's needs.

We explored events the service had notified the Commission of. The regulation officers were assured that the team responded appropriately and advocated for the care receivers' needs.

The care records sampled contained holistic assessments and care plans that were reviewed and updated. There was evidence of risk assessment, though timeframes for following up on actions and revaluating the risk level were unclear. Feedback regarding care was consistently positive from care receivers, their representatives, and professionals external to the service. Staff were described as caring, flexible, and responsive to professional advice and guidance.

There was evidence of a positive organisational culture where staff felt valued and supported. Supervision and training met requirements.

There are two areas for improvement as a result of this inspection.

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### **INSPECTION PROCESS**

This inspection was completed on 4, 6, and 21 June 2024.

The inspection was announced and notice of the inspection visit was given to the Registered Manager on 31 May. This was to ensure that the Registered Manager would be available during the visit. The inspection visits were undertaken by two regulation officers.

The Home Care Standards were referenced throughout the inspection.[1]

This inspection focussed on the following lines of enquiry:

- Is the service safe
- Is the service effective and responsive
- Is the service caring
- Is the service well-led

Prior to our inspection all of the information held by the Commission about this service was reviewed, including the previous inspection reports.

The regulation officers gathered feedback from four care receivers and four of their representatives. They also had discussions with the service management and four care staff. Additionally, feedback was provided by five professionals external to the service.

As part of the inspection process, records including policies, care records, staff files, and notifications were examined.

At the conclusion of the inspection, the Regulation Officer provided feedback to Registered Manager and Registered Provider.

<sup>[1]</sup> The Home Care Standards and all other Care Standards can be accessed on the Commission's website at <a href="https://carecommission.je/Standards/">https://carecommission.je/Standards/</a>

This report outlines our findings and includes areas of good practice identified during the inspection. Where areas for improvement have been identified, these are described in the report, and an improvement plan is attached at the end of the report.

#### **INSPECTION FINDINGS**

At the last inspection, no areas for improvement were identified.

#### Is the Service Safe?

Emphasising the importance of creating a safe environment so care receivers are protected from avoidable harm, with a focus on policies and procedures.

The organisational structure provides a clear pathway for staff to raise issues or concerns. There is a Registered Provider, a Registered Manager, two senior health care assistants (SHCA), a team leader, and ten full-time equivalent health care assistants (HCA). Care staff gave examples of how they would escalate concerns if, for example, they observed new skin blemishes, or there was a deterioration in a care receiver's condition. Both examples demonstrated a clear process, effective team communication, and appropriate documentation. The examples also demonstrated staff knowledge of their code of professional practice.

Files of staff recruited since the last inspection were reviewed. Files were organised, and a safe recruitment checklist was at the front of each file. However, this was not consistently completed. There was a template with comprehensive interview questions, though it did not demonstrate that all questions had been asked or answered. Curriculum Vitaes were present in all files.

One file had incomplete dates, and there was no evidence to demonstrate this had been followed up. One file did not contain a DBS. One employee had started work before the second reference was obtained. Regulation officers determined that recruitment practices did not meet the requirements of the Home Care Standards. This is an area for improvement. A sample of policies and procedures were reviewed. They were up to date and appropriately referenced Jersey legislation. Additionally, it was positive that staff described where to access the documents if required. Elements of the employee handbook were reviewed. Contractual terms and conditions aligned appropriately with policies and information within staff files.

There was a system in place to review the quality of the care delivered. It included a 'spot check' undertaken by the Registered Manager and SHCA to ensure care is being given as planned and care staff adhere to organisational policies and procedures, SHCA daily review of care notes and proactively gaining feedback from care receivers and their representatives. A sample of monthly reports were also reviewed, and they were found to be appropriate.

The service uses the electronic system Care Line Live. Care staff are provided with a mobile on which Care Line Live is accessed. Staff log into the system when they arrive at a care receiver's home and log off when they leave. The system alerts the Registered Manager and SHCA if staff have not logged in or out, which prompts contact with them. This reduces risks associated with lone working and can enable increased support to care and staff if needed. The system also links with the invoice system, enabling accurate billing.

At the time of the inspection, there were care staff vacancies. However, the regulation officers were assured that staffing levels were appropriate to the care hours provided. The Registered Manager explained there is an ongoing advert for care staff.

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#### Is the Service Effective and Responsive?

Assessing the organisation of the service so that care receivers' needs are respected and met.

During the inspection, regulation officers observed the team responding to a potential risk to care receivers from a power cut. The response was prompt and demonstrated the staff's detailed knowledge of the care receiver's needs.

The service has placed thirty-seven notifications to the Commission since the last inspection. Notifications that informed the Commission that packages of care had ended were explored with the Registered Manager.

Regulations officers were informed there were several reasons, which included the following:

- The care receiver had moved into a care home
- The care receiver no longer required care, as their condition had improved
- The care receiver's condition had deteriorated, and the team had recognised that the care and support required was outside the scope of their practice.

The regulation officers were satisfied that the reasons and actions of the team were appropriate and that they met the requirements of the Home Care Standards. The regulation officers and Registered Manager discussed that there might be a benefit in keeping a record of any of the reasons care packages end, to analyse if there are any patterns or reoccurring themes that may be preventable.

Notifications regarding safeguarding were explored. Details of these are omitted to maintain confidentiality. The Registered Manager spoke of notifications, how they have been managed, and what they learned from them. The regulations officers were assured that the Registered Manager had communicated in a timely, respectful, and supportive manner with care receivers, their representatives, the team, and other agencies. Additionally, all staff responses had been prompt and appropriate and advocated for the care receivers' needs.

There was evidence of risk assessments and actions to reduce risk. However, timeframes for following up on actions and revaluating the risk level were unclear. This is an area for improvement.

#### Is the Service Caring?

Evidencing fundamental aspects of care and support are provided to care receivers by appropriately trained and competent staff.

A sample of care records were reviewed. The front screen on the Care Line Live system has essential and appropriate information. Initial assessments were holistic. The requirements for each visit are detailed, and there is space for free text. The free text information described physical, psychological, social, and practical care delivery. There was evidence that plans of care were reviewed and care plans updated.

Care staff are required to mark 'complete' when care and support has been delivered as planned or provide the rationale for why it was not possible. If not marked 'complete,' Care Line Live sends an alert to the SHCA and Registered Manager. The senior staff can then follow up and review if their input is required.

Feedback regarding care was consistently positive. Recurring themes of staff being described as caring, kind, and flexible. Direct quotes from care receivers and their representatives included the following:

"They are polite and caring, and we have really good lines of communication; I could not fault them."

"They [all staff] go the extra mile."

"I am really happy with them [carers], they are really good."

"It is little ways they make life a lot simpler, Xxx [a carer] is superb."

"Brilliant, they make a massive difference."

"If there is work that only takes 30 minutes and they [care staff] have an hour, they either do other things we agree on or do not charge me for the hour."

A care receiver informed the Regulation Officer that at each visit, the care staff asked all the right questions and always checked out if there was anything else they could do. Additionally, the team increases the care package when required to provide respite for the care receiver's informal carer.

Professional feedback was that the team was responsive to professional advice and guidance. The team worked within the scope of their practice, escalated external professional support appropriately, and worked collaboratively.

Professionals described the team as caring and advocated for care receivers. It was highlighted that the team are person-centred, placing care receivers at the centre of their practice. Staff balance supporting care receivers needs and promoting care receivers' autonomy.

A professional stated, "They [Registered Provider and Registered Manager] are always very open to recommendations, suggestions, and feedback. They are both knowledgeable, but they are always willing to learn and improve their service. They made adjustments to the care package to make the person feel comfortable".

There was evidence of training topics appropriate to the Standards' requirements. The training was online and in-person, and there was evidence of learning in staff files. The Registered Manager delivers much of the training, and they evidenced the ways they maintain their topic knowledge and teaching skills.

Several care staff had achieved a relevant level two diploma, and two care staff were undertaking it at present. All staff had undergone level three medication training and had annual updates.

One HCA champions care and support for care receivers with dementia. Staff feedback was that the HCA had shared their knowledge and experience with them. The HCA is being supported in undertaking further training in this area.

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It was evidenced that at the time of the inspection, fundamental aspects of care and support were provided to care receivers by appropriately trained and competent staff.

#### Is the Service Well-Led?

Evaluating the effectiveness of the service leadership and management.

There is a stable staff team, including senior leadership from the Registered Provider, and the Registered Manager, who has been in post since 2019.

All staff who gave feedback to the Regulation Officer spoke of a supportive team culture in which they felt valued. The Registered Provider praised the Registered Manager's commitment, patience, and skill. The Registered Manager spoke of the commitment and dedication of the team. Care staff spoke of feeling valued and supported by the manager and peers.

Three care staff stated, "*I love working for Personal Touch*". During the inspection, the care staff had recently bought flowers for the Registered Manager to demonstrate their appreciation; it was positive to see how informal support is extended to all staff regardless of their seniority.

There was evidence of formal supervision with a template that explored staff competency and wellbeing. Staff spoke of informal support with an open-door policy and time to discuss issues as a team.

The mandatory conditions of the service registration were discussed with the Registered Provider and the Registered Manager. It was agreed the categories of care would be amended to Adults 60 +, physical disability/sensory impairment, and dementia care. It was decided that the categories more accurately represent the care needs of the care receivers, the team support, and the knowledge and experience of the team. The statement of purpose has been resubmitted to reflect this. The regulation officers were satisfied that Personal Touch Care Services Limited works within the service Statement of Purpose.

# **IMPROVEMENT PLAN**

There were two areas for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

| Area for Improvement 1     | The Registered Provider must ensure that            |
|----------------------------|---|
|                            | timeframes for following up on actions from risk    |
| Ref: Standard 2.5, 2.6 and | assessments and re-evaluation the level of risk are |
| 4.6                        | set and communicated to all relevant parties.       |
|                            |   |
| To be completed by:        |   |
| Immediately.               | Response of Registered Provider:                    |
|                            |   |
|                            | We have set up a spreadsheet and will chase Social  |
|                            | workers, OT ect after 3 weeks if these referrals    |
|                            | impact the risk assessment.                         |

| Area for Improvement 2 | Registered Provider must ensure all safer recruitment |
|------------------------|---|
|                        | employment checks are complete prior to workers       |
| Ref: Standard 3.6      | commencing employment and adhere to recruitment       |
|                        | practices detailed in Appendix 4 of the Home Care     |
| To be completed by:    | Standards.  |
| Immediately            |   |
|                        |   |
|                        | Response of Registered Provider:                      |
|                        |   |
|                        | We will telephone all references that come via email  |
|                        | to confirm the references are correct.                |
|                        | Pre employement checks will be re checked before      |
|                        | employment can begin, dates on CV and applications    |
|                        | will be double checked to make sure they are the      |
|                        | same.   |

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, Standards and best practice.



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